PTC/SB/06 (08-07)
Approved for use through 7/31/2006. CMB 0651-0002
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s à displays a valid OMB control number.
Application of Doctor Mymber
10/6/2 \$22 ork Reduction Act of 1995, no persons are required to respo Under the Paperw PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Cotumn 1) FFF RATE FEE MUMBER EXTRA RATE FOR NUMBER FILED BASIC FEE 290 <u>.395</u> (37 CFR 1.18(a)) OR YOTAL CLAIMS x , £5 . x,50. OR 07 CFR 1.15(d) INCEPENDENT CLAIMS x :100x 5 70 0. OR (37 CFR 1.15(b)) .180. .,310 . OR (37 CFR 1.16(4)) MULTIPLE DEPENDENT CLAIM PRESENT TOTAL OR. TOTAL * If the difference in column 1 is less than zero, enter "O" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN-CR (Cotumn 2) * (Column 3) SMALL ENTITY SMALL ENTITY (Cotumn 1) HIGHEST CLAIMS ADOI-TIONAL FEE ⋖ PRESENT ADD) RATE REMAINING NUMBER PREVIOUSLY PAID FOR TIONAL EN AFTER EXTRA AKENDMENT FEE Total x . 26. x . 50 . ENDM **CR** DO OFR LURCO x . 200. x 2.100 -OR ş 140. +: 34 0. FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (37 OR 1.45(4)) CΩ TOTAL TOTAL OR ADDIL FEE ADDL FEE (Column 2) (Cotumn 3) (Cotumn 1) HIGHEST CLAIMS ADDI RATE ADOI-TIONAL - ODESENT RATE REMAINING NUMBER 3|16/0 PREVIOUSLY PAID FOR EXTRA FEE FEE SENDMENT .,50. Total x :25 g OR ENDA COT CFR 1.J BECT 200 transpendent of cirk (.1800) QR ..360. 180. FIRST PRESENTATION OF MULTIPLE DEPONDENT CLASS (37 CFR 1.15(4)) OR TOTAL TOTAL OR ADD'L FEE DO'L FEE (Column 1) (Column 2) (Cotumn 3) CLAIMS HIGHEST ADOI-TIONAL RATE PRESENT ADDI-TIONAL RATE REMAINING NUMBER EXTRA PREVIOUSLY PAID FOR AMENDMENT x 1 50. z <u>. 25</u>-Total ENDM OR CU CFR LISCO Miran x s 100 . x \$ 200-Independent (IF OFR LIBER) OR . . 360. +: 140= FIRST PRESENTATION OF MULTIPLE DEPOSITION CLAIM (37 CFR 1.16(4)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

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"If the entry in column 1 is less than the entry in column 2, write "O' in column 3,
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
"If the "Highest Number Previously Paid For" (Total or independent) is the highest number found in this appropriate box in column 1.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in this appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fit (and by the USP10 to process) an application. Contributing is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application tom to the USP10. Time will vary depending upon the individual case. Any comments in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Circle, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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